



2015 PQRS Group Practice and ACO GPRO Web Interface Reporting Method



GPRO Web Interface Q&A Session Support Call

Program Year 2015

February 11, 2016

Disclaimer

This presentation was current at the time it was published or uploaded onto the web. Medicare policy changes frequently so links to the source documents have been provided within the document for your reference.

This presentation was prepared as a service to the public and is not intended to grant rights or impose obligations. This presentation may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

Announcements

1. Support Call slides are available for review:
 - **PQRS group practices:** [GPRO Web Interface](#) page of the CMS website under the 2015 GPRO Web Interface Support Calls header
 - **Shared Savings Program Portlet:** <https://portal.cms.gov>, under the Calendar and Events section
 - **Pioneer ACOs:** Slides sent via email and included in weekly briefings/newsletters
2. During this support call, Pioneer Model ACOs, Shared Savings Program ACOs, and PQRS group practices will be collectively referred to as organizations, and we will use the term “Web Interface” when referencing the GPRO Web Interface used by PQRS group practices and ACOs to collect clinical measure information.
3. Review the Web Interface measure specifications and supporting documents on the [GPRO Web Interface](#) page of the CMS website.

Announcements (cont.)

4. Question & Answer Session Requests:
 - Please wait until the end of the presentation to submit your question through the Q&A box, because your question may be addressed during the opening slides.
 - Please enter your question in the Q&A box once.
 - If we do not respond to your question during the call and you are unable to locate the answer in the available resources, please contact the QualityNet Help Desk.

Reminders

1. Upcoming 2015 Web Interface Support Calls

Date	Time (ET)	Topic
2/18/2016	1:00-2:00 PM	GPRO Web Interface Q&A Session
2/25/2016	1:00-2:00 PM	GPRO Web Interface Q&A Session
3/3/2016	1:00-2:00 PM	GPRO Web Interface Q&A Session
3/10/2016	1:00-2:30 PM	GPRO Web Interface Q&A Session
4/7/2016	1:00-2:00 PM	GPRO Web Interface Lessons Learned

Note: Support calls will offer a question and answer session if the title indicates “Q&ASession”

Reminders (cont.)

2. Important Dates for 2015 Web Interface Submission

Date	Important Event
1/18/2016 through 3/11/2016	Web Interface submission period
3/28/2016 through 4/22/2016	Access 2015 Submission reports

Note: The Web Interface will close at **8:00pm ET on 3/11/2016**. CMS encourages organizations to submit data well *before* 8:00pm ET to ensure it is fully submitted before the Web Interface closes.

Reminder (cont.)

- 3. Upcoming planned system outages:** The Physician and Other Health Care Professionals Quality Reporting Portal (Portal) will be unavailable for scheduled maintenance; therefore, the Web Interface will not be accessible during the following periods:
- **Every Tuesday** starting at 8:00pm ET–Wednesday at 6:00am ET (on an as needed basis)
 - **Every Thursday** starting at 8:00pm ET–Friday at 6:00am ET (on an as needed basis)
 - **Upcoming Potential Downtime Dates:**
 - February: 2/26/2016 8:00PM ET – 2/29/2016 6:00AM ET
 - See the Portal website for the complete list of scheduled system outages, at <https://www.qualitynet.org/pqrs>

Reminders (cont.)

- 4. Reporting Requirements:** Organizations must completely report the required number of beneficiaries to meet the criteria for satisfactorily reporting:
- Minimum of 248 consecutively confirmed and completed beneficiaries in each module; OR
 - 100 percent of beneficiaries if fewer than 248 beneficiaries are available in the sample

Reminders (cont.)

5. **Avoiding future payment adjustments:** Satisfactorily reporting all 17 Web Interface quality measures will allow PQRS group practices and EPs participating in an ACO to avoid the 2017 PQRS payment adjustment
6. **Alignment with the Medicare EHR Incentive Program:** EPs participating in an ACO or PQRS group practice who meet 2015 Web Interface submission requirements will satisfy their CQM reporting for the Medicare EHR Incentive Program.
 - Organizations are required to use 2014 Edition CEHRT to populate the Web Interface
 - EPs must still individually attest separately to the EHR Incentive Program for other program requirements

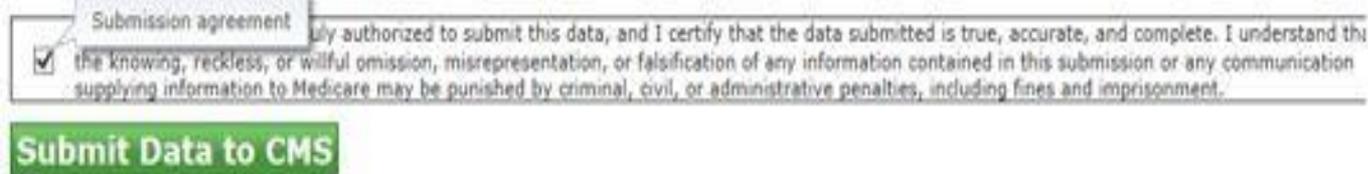
Reminders (cont.)

- 7. EIDM Account Setup:** Please be sure you have set up your EIDM account and established the Web Interface submitter role for quality reporting
- [“Quick Reference Guides”](#) provide complete information on EIDM for PQRS group practices
 - The “EIDM Account and Role Set-up” and “Guidance for Checking EIDM Role Status” on the [Shared Savings Program ACO Portlet](#) provide complete information on EIDM for ACOs
 - QualityNet Help Desk supports all questions related to EIDM and accessing the Web Interface
 - Phone: (866) 288-8912
 - Email: qnetsupport@hcqis.org

Reminders (cont.)

8. Steps for Final Submission: Completed patient data is only saved in the database and is not submitted to CMS until the following steps are completed:

- **Step 1:** Go to the submit screen and review the Module Completion Status table, to confirm that all 16 modules (across all 17 individual measures) are complete and ready for final submission
- **Step 2:** Submit final data to CMS for Web Interface measure analysis
 - Check the Submission Agreement to attest that the data is accurate
 - Click the Submission Data to CMS button



Submission agreement

I am authorized to submit this data, and I certify that the data submitted is true, accurate, and complete. I understand that the knowing, reckless, or willful omission, misrepresentation, or falsification of any information contained in this submission or any communication supplying information to Medicare may be punished by criminal, civil, or administrative penalties, including fines and imprisonment.

Submit Data to CMS

- Data that is completed and saved but not submitted will not be included the PQRS analysis
- Click the Submit Data to CMS button each time you update patient data, to provide CMS with your most current PQRS group practice or ACO data

Presenter: Bill Spencer, CMS Contractor

FREQUENT WEB INTERFACE QUESTIONS

Web Interface System Questions

Number	Question	Answer
1	Why does a patient get skipped due to “Not Confirmed – Denominator Criteria”?	<p>This situation applies to the CAD, HF, and MH modules. This is a system-assigned value per 2015 CMS requirements (see current Data Guidance for further information).</p> <p>The four scenarios where this can occur are:</p> <ol style="list-style-type: none">1. If CAD-Confirmed = Yes AND Has Diabetes or LVSD = No, system will change CAD-Confirmed to Not Confirmed – Denominator Criteria2. If HF-Confirmed = Yes AND Has LVSD = No, system will change HF-Confirmed to Not Confirmed – Denominator Criteria3. MH-Confirmed = Yes AND PHQ-9 Test Performed = Yes AND PHQ-9 Index Test > 9 = No, system will change MH-Confirmed to Not Confirmed – Denominator Criteria4. MH-Confirmed = Yes AND PHQ-9 Test Performed = No, system will change MH-Confirmed to Not Confirmed – Denominator Criteria

Presenter: Deb Kaldenberg, CMS Contractor

FREQUENT MEASURES QUESTIONS

Web Interface Measure Questions

Number	Question	Answer
1	<p>When a patient has multiple office visits listed for Care 3, and there is confirmation of the med list and review of meds for all of the dates except for one, is the measure scored as a fail for all the dates, or are the passed dates scored as passed and only the one date scored as a fail?</p>	<p>Only confirmed visits would be counted for performance. The visit not confirmed would not be included in the denominator or numerator. CARE-3 is a per visit measure. The organization may verify the visit date if evidence of a visit is found in the medical record within 1-2 calendar days of the pre-populated visit date. The calculation flows are algorithms that depict how the Web Interface calculates measure performance for each measure. The calculation sample at the bottom of the flow is an example of how to performance is calculated for a measure.</p> <p>The CARE flow is located on the CMS Webpage at the following url: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/GPRO_Web_Interface.html</p>
2	<p>Please confirm the information posted in the Q&A document is correct regarding PCP's and pre-HTN blood pressure readings” The response was “If the patient is pre-hypertensive and is seen by a primary care physician at the time the pre-hypertensive blood pressure reading is recorded, an additional follow-up plan is not required”. Define PCP.</p>	<p>PCP definition:</p> <p>As a reference, when we refer to PCP, by definition, this includes providers in Internal Medicine, Family Practice, Nurse Practitioner, Physician Assistant, OB/GYN, pediatricians and general practitioners. The PCP primarily provides day to day care for preventive or chronic care of medical conditions. The PCP is responsible for the persons general well-being. In the case of the PREV-11 Blood Pressure Screening measure, if the caregiver or medical professional feels he/she is primarily responsible or assumes responsibility of the management of the person's blood pressure, they are considered the PCP in this instance.</p>

Web Interface Measure Questions

Number	Question	Answer
3	Is there an exception for the DM-7: Eye Exam for blind patients?	The DM-7: Eye Exam measure was not specified by the measure developer to include Denominator Exceptions or Denominator Exclusions.

Presenter: Michael Kerachsky, Contractor

RESOURCES & WHERE TO GO FOR HELP

Educational Resources

- **GPRO Web Interface web page:** http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/GPRO_Web_Interface.html
 - 2015 Web Interface XML Specification
 - 2015 Narrative Measure Specification, Supporting Documents, Flows
 - Data Guidance is included in each Supporting Document as a separate tab at the bottom of the Excel workbook
 - 2015 GPRO Web Interface Quality Reporting Q&A document
 - 2015 GPRO Web Interface Assignment Methodology Specification (for PQRS groups)
 - 2015 GPRO Web Interface Sampling Document
 - 2015 PQRS group practice and ACO Web Interface support call presentations
 - Educational Demonstrations
 - 2015 Web Interface Measures Overview
 - 2015 Assignment and Sampling
 - 2015 GPRO Web Interface Overview
 - 2015 Web Interface XML
 - 2015 Web Interface EIDM
- **PQRS Analysis and Payment web page (PQRS group practices only):** <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/AnalysisAndPayment.html>
 - EIDM User Guide
 - EIDM System Toolkit

Educational Resources (cont.)

- **Shared Savings Program web page:**
<http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/sharedsavingsprogram/index.html>
 - 2015 Shared Savings Program Shared Savings and Losses and Assignment Methodology
- **Shared Savings Program Portlet:** <https://portal.cms.gov/>
 - 2015 Quality Measurement, Reporting, and Scoring Quick Reference Guides
 - Shared Savings Program ACO EIDM Account and Role Set-up Guide
 - Guidance for Checking EIDM Role Status
- **Pioneer ACO Model web page:**
<http://innovation.cms.gov/initiatives/Pioneer-ACO-Model/>
 - 2015 Pioneer ACO Alignment and Financial Reconciliation Methods
- **Portal:** <https://www.qualitynet.org/pqrs>
 - EIDM Quick Reference Guides
 - Web Interface User Manual
 - “Sign In” button to access the Web Interface system

Where to Go for Help

- **QualityNet Help Desk**
 - Inquiries related to: EIDM, Web Interface Measures, Web Interface system, and PQRS group practice assignment and sampling
 - E-mail: qnetsupport@hcqis.org
 - Phone: (866) 288-8912 (TTY 1-877-715-6222)
 - Fax: (888) 329-7377
- **CAHPS for PQRS Survey Project Team**
 - Inquiries related to: CAHPS for PQRS survey measures, distribution
 - E-mail: pqrscahps@hcqis.org
- **EHR Incentive Program Information Center**
 - Inquiries related to: Meaningful Use, Attestation
 - Phone: (888) 734-6433 (TTY 888-734-6563)
- **Value Modifier Help Desk**
 - Inquiries related to: QRUR, Physician Compare
 - Phone: (888) 734-6433 Option 3 or pvhelpdesk@cms.hhs.gov

Where to Go for Help (cont.)

- **Medicare Shared Savings Program**
 - Inquiries related to: Shared Savings Program Assignment and Sampling, Program Inquiries
 - Email: sharedsavingsprogram@cms.hhs.gov
- **Pioneer ACO**
 - Inquiries related to: Pioneer Assignment and Sampling, Program Inquiries
 - E-mail: PIONEERQUESTIONS@cms.hhs.gov
- **CAHPS Survey for ACOs Project Team**
 - Inquiries related to: CAHPS Survey for ACOs, distribution
 - Phone: (855) 472-4746
 - E-mail: acocahps@HCQIS.org

Acronyms

- **ACO** – Accountable Care Organization
- **CAHPS** – Consumer Assessment of Healthcare Providers and Systems summary surveys
- **CMS** – Centers for Medicare & Medicaid Services
- **CQMs** – Clinical Quality Measures [for attestation]
- **eCQMs** – Electronic Clinical Quality Measures [for electronic reporting]
- **EHR** – Electronic Health Record
- **EP** – Eligible Professional
- **FFS** – Fee-for-Service
- **GPRO** – Group Practice Reporting Option
- **MPFS** – Medicare Physician Fee Schedule
- **NPI** – National Provider Identifier
- **ONC** – Office of the National Coordinator for Health Information Technology
- **PQRS** – Physician Quality Reporting System
- **Value Modifier** – Value-based Payment Modifier

Time for

QUESTIONS & ANSWERS